

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

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2015 NOV -9 AM 9:37  
Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

RON COHEN FOR CONGRESS 2016

ADDRESS (number and street)

40535 DOLORES PLACE



(Check if address  
is changed)

FREMONT

CITY ▲

CA

STATE ▲

94539-3636

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

RONCOHENFORCONGRESS2016@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE AT THIS TIME



(Check if address  
is changed)

2. DATE

11 / 02 / 2015

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒ N

NEW (N)

OR

☐ A

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RONALD H. COHEN, CPA

Signature of Treasurer

Ronald H. Cohen, CPA

Date

11 / 02 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

2015-11-09 10:00:00

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

RONALD H. COHEN

Candidate Party Affiliation

REP

Office Sought:

☒ House

Senate

☐ President

State

CA

District

17

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                          |                  |
|----|--------------------------|------------------|
| 1. | <input type="checkbox"/> | FEC ID number: C |
| 2. | <input type="checkbox"/> | FEC ID number: C |
| 3. | <input type="checkbox"/> | FEC ID number: C |
| 4. | <input type="checkbox"/> | FEC ID number: C |

2011-11-01 11:00 AM

Write or Type Committee Name

RON COHEN FOR CONGRESS 2016

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

RONALD H. COHEN

Mailing Address

40535 DOLORES PLACE

FREMONT

CA

94539-3636

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

510-797-8661

x237

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

RONALD H. COHEN

Mailing Address

40535 DOLORES PLACE

FREMONT

CA

94539-3636

Title or Position

CITY

STATE

ZIP CODE

CPA

Telephone number

510-797-8661

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF THE WEST

Mailing Address

39533 PASEO PADRE PKWY

FREMDNT

CA

94538

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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LABEL MAY BE REQUIRED.



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EP14F July 2013  
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FROM:

**Ron Cohen**  
GREENSTEIN, ROGOFF,  
GROCO OLSEN & CO., LLP  
39159 PASEO PADRE PARKWAY, #315  
FREMONT, CA 94538-1600  
[www.groco.com](http://www.groco.com)

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